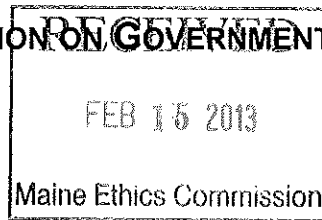




COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES



MAIL: 135 STATE HOUSE STATION, AUGUSTA, MAINE 04333
OFFICE: 45 MEMORIAL CIRCLE, AUGUSTA, MAINE
WEBSITE: WWW.MAINE.GOV/ETHICS
PHONE: 207-287-4179
FAX: 207-287-6775

STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

2012 Calendar Year: January 1, 2012 - December 31, 2012

☐ Check here if this statement is an update or amendment of a previously filed statement.

| | |
|---|---|
| Name <i>Louis Luchini</i> | Office <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate |
| Mailing Address <i>Po Box 1311</i> | District Number <i>38</i> |
| City/Town, State, Zip <i>Ellsworth, ME 04605</i> | E-mail Address <i>Replouis.Luchini@legislature.maine.gov</i> |

FILING DEADLINES

CURRENT LEGISLATORS: Please file this statement with the Clerk of the House or Secretary of the Senate by 5:00 p.m. on February 15, 2013.

LEGISLATORS LEAVING OFFICE: Please file this statement with the Maine Ethics Commission by 5:00 p.m. on January 22, 2013. Please mail it to Maine Ethics Commission, 135 State House Station, Augusta, Maine, 04333-0135 or hand-deliver to the Commission's office at 45 Memorial Circle, Augusta, Maine.

GENERAL INSTRUCTIONS

- Complete all sections. If a section is not applicable, check the box marked "None."
- A glossary is located in the back of this form.
- If completing this form by hand, please write legibly.
- Report the sources of income for you, your spouse or domestic partner, and your dependent children.
- Report only specific sources of income. **Dollar amounts need not be listed.**
- Campaign contributions and Maine Clean Election Act payments duly recorded as required by law need not be reported in this statement.
- State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information in this report. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.
- The completed statements are posted on the Commission's website and copies are made available to the public upon request.
- Please keep a copy of this statement for your records.

Please call the Commission staff 207-287-4179 if you have any questions.

Thank you for your cooperation.

Part 1. Income from Employment by Another

☐ None. Check this box if you did not have income from employment by another.

| Name of Employer | Address | Principal Type of Economic or Business Activity of Employer | Job Title |
|---------------------------------|---|---|---------------------------|
| State of Maine (legislature) | 2 State House Station Augusta, ME 04333-0002 | State government | Representative |
| RSU 24 | 248 State St, Suite 3A Ellsworth, ME 04605 | School | Asst. Coach Cross-Country |

Part 2. Income from Self-Employment

☒ None. Check this box if you did not have income from self-employment.

| Name of Your Business/Trade Name | Address | Principal Type of Economic or Business Activity |
|--|---------|---|
| | | |
| | | |
| | | |
| Name of Client or Customer, if required (see instructions) | Address | Principal Type of Economic or Business Activity of Client |
| | | |
| | | |
| | | |

Part 3. Revenue of Business Entities

☒ None. Check this box if you and your immediate family did not have a majority share in a business.

| Name of Business | Address | Principal Type of Economic or Business Activity |
|------------------|---------|---|
| | | |
| | | |

Part 4. Income from the Practice of Law

☒ None. Check this box if you did not have income from the practice of law.

| Name of Practice or Firm | Address | Your Major Areas of Practice | Firm's Major Areas of Practice | Position: Partner, Associate, Sole Practitioner |
|--------------------------|---------|------------------------------|--------------------------------|---|
| | | | | |
| | | | | |

Part 5. Income from Any Other Source

☐ None. Check this box if you did not have income from any other source.

| Name of Source | Address | Type of Income |
|----------------|---|----------------|
| MDI Marathon | Po Box 1032 Northeast Harbor, ME 04662 | Prize Money |
| | | |
| | | |

Part 6-A. Compensation Income of Immediate Family Members

☒ None. Check this box if no members of your immediate family received income of \$2,000 or more from employment or compensation.

| Name and Job Title (do not list name of dependent child) | Employer's Name and Address | Principal Type of Economic or Business Activity of Employer |
|---|-----------------------------|--|
| | | |
| | | |
| | | |

Part 6-B. Other Sources of Income of Immediate Family Members

☒ None. Check this box if no members of your immediate family received income of \$2,000 or more from any other source.

| Name of Spouse or Partner (do not list name of dependent child) | Source of Income Name and Address | Type of Income |
|--|--------------------------------------|----------------|
| | | |
| | | |
| | | |

Part 7. Loans

☒ None. Check this box if you did not have reportable liabilities.

| Lender's Name | Lender's Address | Principal Type of Economic or Business Activity of Lender |
|---------------|------------------|---|
| | | |
| | | |

Part 8. Gifts, Including Travel and Accommodations

☒ None. Check this box if you did not received any gifts.

| Source of Gift | Source of Gift |
|----------------|----------------|
| 1. | 2. |
| 3. | 4. |

Part 9. Honoraria

☒ None. Check this box if you did not received honoraria.

| Source of Honoraria | Source of Honoraria |
|---------------------|---------------------|
| 1. | 2. |
| 3. | 4. |

Part 10. Positions in Political Action or Ballot Question Committees

☒ None. Check this box if you were not a treasurer, officer, decision-maker, or fundraiser of a PAC or BQC.

| Name of Committee | Title |
|-------------------|-------|
| 1. | |
| 2. | |

Part 11. Conducting Business with State Agencies

☒ None. Check this box if neither you nor your immediate family did business with any State agency.

| Name of Agency | Name of Individual Selling Goods or Services | Description of Good or Services |
|----------------|--|---------------------------------|
| | | |
| | | |

Part 12. Representing Others Before State Agencies

☒ None. Check this box if neither you nor your immediate family represented another before a State agency.

| Name of Agency | Name of Individual Receiving Compensation |
|----------------|---|
| | |
| | |

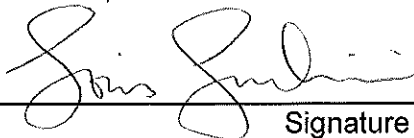
Part 13. Positions in For-Profit and Non-Profit Organizations

☒ None. Check this box if you and members your immediate family did not hold positions in any for-profit or non-profit organizations.

| Organization/Business and Address | Title | Name of Position Holder | Relationship to Legislator | Compensated Yes/No |
|-----------------------------------|-------|-------------------------|--|--------------------|
| | | | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent | |
| | | | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent | |
| | | | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent | |

SIGNATURE

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, AND COMPLETE.


Signature

2/5/13
Date

THE INTENTIONAL FILING OF A FALSE STATEMENT IS A CLASS E CRIME (1 M.R.S.A. § 1016-G(3)(B))